



**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☒ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner

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Full Name (Last name first, if individual):

Dr. Douglas Van Thorre

Business or Residence Address (Number and Street, City, State, Zip Code):

4979 Olson Memorial Highway, Golden Valley, MN 55422

Check Box(es) that Apply: ☒ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner

Fu

Full Name (Last name first, if individual):

Wesley C. Hayne

Business or Residence Address (Number and Street, City, State, Zip Code):

4979 Olson Memorial Highway, Golden Valley, MN 55422

Check Box(es) that Apply: ☒ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner

Ch

Fu

Full Name (Last name first, if individual):

Thom Menie

Business or Residence Address (Number and Street, City, State, Zip Code):

4979 Olson Memorial Highway, Golden Valley, MN 55422

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

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Full Name (Last name first, if individual):

Kim H. Plahn

Business or Residence Address (Number and Street, City, State, Zip Code):

4979 Olson Memorial Highway, Golden Valley, MN 55422

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Fu

Full Name (Last name first, if individual):

Mervyn C. Phillips

Business or Residence Address (Number and Street, City, State, Zip Code):

4979 Olson Memorial Highway, Golden Valley, MN 55422

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

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Full Name (Last name first, if individual):

Benjamin S. Jaffray

Business or Residence Address (Number and Street, City, State, Zip Code):

4979 Olson Memorial Highway, Golden Valley, MN 55422

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Additional Director listed on Exhibit A

**B. INFORMATION ABOUT OFFERING**

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... Yes No  
[ X ] [ ]

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual?.....\$ \$15,000  
Yes No
3. Does the offering permit joint ownership of a single unit?..... [ X ] [ ]

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. No broker or dealer has been engaged to sell at this time.

Full Name (Last name first, if individual).....Fu

Business or Residence Address (Number and Street, City, State, Zip Code).....Bu

Name of Associated Broker or Dealer.....Na

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers.....St

(Check "All States" or check individual States)..... [ ] All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RJ]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual).....Bu

Business or Residence Address (Number and Street, City, State, Zip Code).....Bu

Name of Associated Broker or Dealer.....Na

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers.....St

(Check "All States" or check individual States)..... [ ] All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RJ]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual).....Bu

Business or Residence Address (Number and Street, City, State, Zip Code).....Bu

Name of Associated Broker or Dealer.....Na

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers.....St

(Check "All States" or check individual States)..... [ ] All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt.....	\$ _____	\$ _____
Equity.....	\$ _____	\$ _____
[ ] Common [ ] Preferred		
Convertible Securities (including warrants).....	\$ 1,000,000	\$ 324,000
Partnership Interests.....	\$ _____	\$ _____
Other (Specify _____).....	\$ _____	\$ _____
Total.....	\$ 1,000,000	\$ 324,000

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. 0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors.....	10	\$ 264,000
Non-accredited Investors.....	4	\$ 60,000
Total (for filings under Rule 504 only).....		\$ 324,000

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

N/A

Type of offering	Type of Security	Dollar Amount Sold
Rule 505.....	_____	\$ _____
Regulation A.....	_____	\$ _____
Rule 504.....	_____	\$ _____
Total.....	_____	\$ _____

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees.....	[ X ]	\$ _____
Printing and Engraving Costs.....	[ X ]	\$ 1,000
Legal Fees.....	[ X ]	\$ 10,000
Accounting Fees.....	[ X ]	\$ _____
Engineering Fees.....	[ X ]	\$ _____
Sales Commissions (specify finders' fees separately).....	[ X ]	\$ 40,000
Other Expenses (identify): <u>Blue Sky, Miscellaneous</u> .....	[ X ]	\$ 4,000
Total.....	[ X ]	\$ 55,000

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer.".....

\$ 945,000

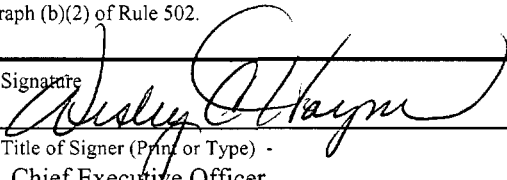
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.

	Payments to Officers, Directors, & Affiliates		Payments To Others	
Salaries and fees.....	[ X ]	\$ <u>400,000</u>	[ X ]	\$ _____
Purchase of real estate.....	[ X ]	\$ _____	[ X ]	\$ _____
Purchase, rental or leasing and installation of machinery and equipment.....	[ X ]	\$ _____	[ X ]	\$ _____
Construction or leasing of plant buildings and facilities.....	[ X ]	\$ _____	[ X ]	\$ _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).....	[ X ]	\$ _____	[ X ]	\$ _____
Repayment of indebtedness.....	[ X ]	\$ _____	[ X ]	\$ _____
Working capital.....	[ X ]	\$ _____	[ X ]	\$ <u>545,000</u>
Other (specify):.....Contingency Proceeds.....	[ X ]	\$ _____	[ X ]	\$ _____
Column Totals.....	[ X ]	\$ _____	[ X ]	\$ _____

Total Payments Listed (column totals added)..... [ X ] \$ 945,000

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) <b>Biorefining, Inc.</b>	Signature 	Date - February 27, 2004
Name of Signer (Print or Type) <b>Wesley C. Hayne</b>	Title of Signer (Print or Type) - <b>Chief Executive Officer</b>	

**ATTENTION**

**Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001)**